Electronic Filing System (EFS) Data
Electronic Patent Application Submission
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EFS ID:	13107
Application ID:	09683188
Title of Invention:	METHOD OF PARTNERSHIP FOR FURNITURE MANUFACTURERS, CARPENTERS, CRAFTSMEN, ARTISTS AND BED AND BREAKFASTS, COUNTRY INNS AND SMALL HOTELS
First Named Inventor:	Scott Jorgensen
Domestic/Foreign Application:	Domestic Application
Filing Date:	null
Effective Receipt Date:	2001-11-29
Submission Type:	Utility Patent Filing
Filing Type:	new-utility
Confirmation Number:	0
Attorney Docket Number:	jorgensen
Digital Certificate Holder:	cn=Michael L. Greenberg, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S. Government, c=US
Certificate Message Digest:	SCAd0vzEHJy2Vu7kJwYm5Q==
Total Fees Authorized:	$370.0

Payment Category:	CC – Credit Card
Credit Card Number:	**********2010
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TRANSMITTAL FORM

METHOD OF PARTNERSHIP FOR FURNITURE MANUFACTURERS, CARPENTERS, CRAFTSMEN, ARTISTS AND BED AND BREAKFASTS, COUNTRY INNS AND SMALL HOTELS

First Named Inventor: **Mr. Scott Jorgensen**

SUBMITTED BY

Name:	**Mr. Michael Lawrence Greenberg Esq.**
Registration Number:	47312
Electronic Signature Mark: /mlg/	Date Signed: 20011129

Attached Files:

declaration	invdec1.tif
declaration	invdec2.tif
bibd-transmittal	jorgensenapds.xml
fee-transmittal	jorgensenfee.xml
specification	Document4.xml

Attached Image File(s):

invdec1.tif

invdec2.tif

Comments:
Applicant is a small entity.

Matter No:

INVENTOR DECLARATION

As the below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

_____x_____	original
_____	design
_____	substitution
_____	divisional
_____	continuation
_____	continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address, and citizenship are as stated below next to my name, I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) on the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION
METHOD OF PARTNERSHIP FOR FURNITURE MANUFACTURERS, CARPENTERS, CRAFTSMEN, ARTISTS AND BED AND BREAKFASTS, COUNTRY INNS AND SMALL HOTELS

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a) or (b))

(a) ___X___ is attached hereto.

(b) _____ was filed on _____ as
Application Serial No. _____
and was amended on _____.

Scott Jorgensen 11-27-01

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations 1.56(a). I further acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations 1.56(a), which occurred between the filing date of the prior application and the national or PCT international filing date of this continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificates having a filing date before that of the application on which priority is claimed:

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURES

Full Name of **Sole or First Inventor**: Scott Jorgensen

Signature: _____

Date: 11-27-01   Country of Citizenship: ____USA____

Residence: 151 Barbados Ave. Tampa, FL 33606

Post Office Address: _____same_____

FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity
Independent Inventor

TOTAL FEES AUTHORIZED: $ 370

BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 2010

Expiration Date: 20030228

Authorized Name: **Michael Greenberg**

Billing Address: 20912

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	$ 370

Subtotal For Basic Filing Fee: $ 370

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 11	203	$ 9	0	$ 0
Independent Claims: 2	202	$ 42	0	$ 0

Subtotal For Extra Claims Fees: $ 0